

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAR 16 AM 10:24

**DOCUMENT # P94000052789 (2)**

1. Corporation Name  
**NEWPORT PARTNERS VII, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**300 INTERNATIONAL PARKWAY  
SUITE 270  
HEATHROW FL 32746**      **300 INTERNATIONAL PARKWAY  
SUITE 270  
HEATHROW FL 32746**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/15/1994**      **7/10**

4. FEI Number      Applied For  
**59-3259724**       Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees  
     

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:      Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent  
**DANIELS, ALAN H  
800 NORTH MAGNOLIA AVE.  
SUITE 1500  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81	Name	<b>Peter Cahall</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>300 Intl Parkway # 270</b>
83		
84	City	<b>Heathrow</b>
85	State	<b>FL</b>
86	Zip Code	<b>32746</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: **3-13-95**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>CAHALL, PETER S</b>
STREET ADDRESS	<b>300 INTERNATIONAL PARKWAY, STE. 270</b>
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>
TITLE	<b>D</b>
NAME	<b>CAMPISI, JAMES M</b>
STREET ADDRESS	<b>300 INTERNATIONAL PARKWAY, STE. 270</b>
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, all in an address.

SIGNATURE: *[Signature]*      DATE: **3-13-95**      FILE # **107-303-2905**